#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: PARKSIDE (0009712)

Address: 258 N BEULAH ST, ELLSWORTH, WI 54011

**License Status: REGULAR** 

Licensed/Certified/Registered 05/01/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey	History

Survey ID: 0096908 End Date: 04/24/2006 Type: OTHER Purpose: VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094584 End Date: 03/24/2005 Type: ABBREVIATED Purpose: SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009735 Served 04/11/2005

	<u>Compliance</u>		
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	08/31/2005	Yes
83.32(2)(d)	REVIEW OF PROGRESS	08/31/2005	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	08/31/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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**Enforcement History** 

Date: 06/18/2003 SOD #10006326 Appealed: Yes Decision: WITHDRAWN\*\*DO NOT USE

**Sanctions** 

FORFEITURE---83.14(1)(a)3 FORFEITURE---83.14(1)(b)

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